

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/14/03.

I. DISPUTE

Whether reimbursement in the amount of \$930.90 is recommended for the CPT codes and dates of service listed below. The carrier denied services, as “G-X212-This procedure is included in another procedure performed on this date. G-U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed. N-X108-(N) Sufficient documentation has not been supplied to substantiate a deviation from the Texas Treatment Guidelines.”

II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/07/02	95851	\$36.00	\$0.00	G-U693	\$36.00	MFG MGR (I)(A)(1-5, 8)	CPT code listed is not global to any primary procedure on this date of service. Relevant information supports the delivery of services per the MFG. Therefore, reimbursement is recommended in the amount of \$36.00 .
06/10/02	95925-27	\$700.00	\$0.00	G-X212	\$175.00 (per study)	MFG MGR (IV)(D)	CPT code 95925-27 is not global to any other CPT code on this date of service. The maximum allowable reimbursement is \$175.00 per study. However, the requestor billed the -27 modifier for the technical component and shall not be reimbursed at a cost greater than 70% of the listed value. Therefore, reimbursement is recommended in the amount of \$122.50 . ($\$175.00 \times 70\% = \122.50)
Totals		\$736.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$158.50 .

Requestor billed \$175.00 carrier reimbursed \$35.00 leaving \$125.00 in dispute for CPT code 97110.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the date of service 06/10/02.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 95851 and 95925-27. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$158.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 31st day of March 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb